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11/16/2009 23409 7590

MICHAEL BEST & FRIEDRICH LLP 100 E WISCONSIN AVENUE

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MILWAUKEE, WI 53202

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	(Depositor's name)
ELECTRONICALLY FILED	(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
10/752,652	01/07/2004	Barry G. Anderson	015005-9450-00	4091			
TITLE OF INVENTION, MEDICAL SUCTION ARRADATIS AND METHODS FOR DRAINING SAME							

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV, PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/16/2010
EXA	MINER	ART UNIT	CLASS-SUBCLASS]		
ANDERSON,	CATHARINE L	3761	604-319000			
I. Change of correspondence address or indication of "Fee Address" (37 CFR. 1.591). Change of correspondence address (or Change of Correspondence Address form PTOSB/122) attached. "Fee Address' indication (or 'Fee Address' Indication form PTOSB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single registered attorney or	3 registered patent attorn vely, e firm (having as a memb agent) and the names of u meys or agents. If no nam	era 2	est & Friedrich LLF
3. ASSIGNEE NAME	AND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print or ty	pe)		

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bemis Manufacturing Company Sheboygan Falls, Wisconsin

Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🚨 Corporation or other private group entity 🗀 Government

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: Issue Fee A check is enclosed.

Payment by credit card. Form PTO-2038 is attached: Dublication Fee (No small entity discount permitted)

Advance Order - # of Copies

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-3080 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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January 21, 2010 /julie a haut/ Authorized Signature Registration No. 51,789 Julie A. Haut Typed or printed name

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